Case 2:12-bk-51397 Doc 5

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In re **Cynthia Grace Wilson** Debtor(s) Case Number: (If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

☐ The presumption arises.

■ The presumption does not arise.

☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

D22/1 ((12/10)						•
	Part II. CALCULATION OF M	IOI	NTHLY INCO	ME FOR § 707(b)(7) I	EXCLUSION	
	Marital/filing status. Check the box that applies a	ee of this part of this state	eme	nt as directed.			
	a. Unmarried. Complete only Column A ("D	ebto	or's Income'') for I	Lines 3-11.			
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, of "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse any purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete for Lines 3-11.						ther than for the
	c. Married, not filing jointly, without the declar ("Debtor's Income") and Column B ("Spot	ıse's	Income") for Lin	es 3-11.			
	d. Married, filing jointly. Complete both Colu All figures must reflect average monthly income re				Spo		
	calendar months prior to filing the bankruptcy case	e, en	ding on the last day	of the month before		Column A	Column B
	the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a			you must divide the		Debtor's Income	Spouse's Income
3	<u> </u>				Φ.	4 004 77	¢
3	Gross wages, salary, tips, bonuses, overtime, con Income from the operation of a business, profess			I : 1. f I : I	\$	1,991.77	\$
	enter the difference in the appropriate column(s) o						
	business, profession or farm, enter aggregate numb	oers	and provide details	on an attachment. Do			
4	not enter a number less than zero. Do not include Line b as a deduction in Part V.	any	part of the busine	ess expenses entered on			
4	Line b as a deduction in 1 art v.	Г	Debtor	Spouse	1		
	a. Gross receipts	\$	0.00				
	b. Ordinary and necessary business expenses	\$	0.00				
	c. Business income		btract Line b from		\$	0.00	\$
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse						
	a. Gross receipts	\$	0.00	\$			
	b. Ordinary and necessary operating expenses	\$	0.00	·		2.22	Φ.
	c. Rent and other real property income	Su	btract Line b from	Line a	\$	0.00	\$
6	Interest, dividends, and royalties.				\$	0.00	\$
7	Pension and retirement income.				\$	0.00	\$
	Any amounts paid by another person or entity, expenses of the debtor or the debtor's dependen						
8	purpose. Do not include alimony or separate maintenance payments or amounts paid by your						
	spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				\$	0.00	\$
	Unemployment compensation. Enter the amount				Ψ	0.00	Ψ
	However, if you contend that unemployment comp	ens	ation received by yo	ou or your spouse was a			
9	benefit under the Social Security Act, do not list the		nount of such comp	pensation in Column A			
	or B, but instead state the amount in the space below:				1		
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$					0.00	\$
	Income from all other sources. Specify source an	d on			\$	0.00	Ф
	on a separate page. Do not include alimony or sep						
	spouse if Column B is completed, but include all other payments of alimony or separate						
	maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or						
10	domestic terrorism.						
			Debtor	Spouse			
	a.	\$		\$			
	[b.]	\$		\$	J		
	Total and enter on Line 10				\$	0.00	\$

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Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if

Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

1,991.77

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,991.77			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 enter the result.	and \$	23,901.24			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: TN b. Enter debtor's household size: 1	\$	39,165.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statem	ent.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	ATION OF CUR	REN	Γ MONTHLY INCOM	1E FOR § 707(b) (2	2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines bell spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zerola.	regular basis for the low the basis for exclusion support of persons opurpose. If necessary	househouding the	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's of	the debtor's s payment of the dependents) and the	
	Total and enter on Line 17			Įψ		\$
18	Current monthly income for § 70'	7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	ductions under Sta	andard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b2. Number of persons			\$		
20A	Local Standards: housing and uti Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	expenses for the appli from the clerk of the allowed as exemptio	cable co bankruj	ounty and family size. (This otcy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy counted the number that would currently be allowed as exemptions on your feed any additional dependents whom you support); enter on Line be the total debts secured by your home, as stated in Line 42; subtract Line be from not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rental expense] [b. Armen March L. Democratic formulation of the property of			
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	\$	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	that the process set out in Lines 20A and led under the IRS Housing and Utilities	\$	
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 C. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.			
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$ \$		
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes, social	\$	

26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. cary 401(k) contributions.	\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	Note: Do not include any exp	onal Living Expense Deductions penses that you have listed in Lines 19-32 savings Account Expenses. List the monthly expenses in			
24	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34. If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space			
35		family members. Enter the total average actual monthly e and necessary care and support of an elderly, chronically f your immediate family who is unable to pay for such	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	Education expenses for dependent children less than actually incur, not to exceed \$147.92* per child, for atte school by your dependent children less than 18 years of documentation of your actual expenses, and you mus necessary and not already accounted for in the IRS S	ndance at a private or public elementary or secondary age. You must provide your case trustee with t explain why the amount claimed is reasonable and	\$		

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Addi exper Stand or fro	\$						
40			Enter the amount that you will conting anization as defined in 26 U.S.C. § 1		e form of cash or	\$		
41	Tota	l Additional Expense Deductions	s under § 707(b). Enter the total of L	ines 34 through 40		\$		
		Sı	ubpart C: Deductions for Del	bt Payment				
42	Futu own, and c amou banks Aver							
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?			
	a.			\$	□yes □no			
				Total: Add Lines		\$		
43	Other motor your paym sums the fo							
	a.			\$	otal: Add Lines	\$		
44	prior		ms. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.	y 60, of all priority cl	laims, such as	\$		
			If you are eligible to file a case under the amount in line b, and enter the res					
45	issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of							
	c.	the bankruptcy court.) Average monthly administrativ	re expense of Chapter 13 case	Total: Multiply Lin	es a and b	\$		
46	Tota	Deductions for Debt Payment.	Enter the total of Lines 42 through 45	•		\$		
		Su	ibpart D: Total Deductions fi	rom Income				
47	Tota	l of all deductions allowed under	§ 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$		
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48	Ente	r the amount from Line 18 (Curi	rent monthly income for § 707(b)(2))		\$		
49	Ente	r the amount from Line 47 (Tota	l of all deductions allowed under §	707(b)(2))		\$		
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	48 and enter the resu	ılt.	\$		
51	60-m	=	707(b)(2). Multiply the amount in Li	ne 50 by the number	60 and enter the	\$		

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B22A (Official Form 22A) (Chapter 7) (12/10) **Initial presumption determination.** Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. 52 ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55). 53 Enter the amount of your total non-priority unsecured debt 54 Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. \$ **Secondary presumption determination.** Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. 55 ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Part VII. ADDITIONAL EXPENSE CLAIMS 56 Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. **Expense Description** Monthly Amount b. Total: Add Lines a, b, c, and d Part VIII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct.	(If this is a joint case,	both debtors
must sign.)		

July 30, 2012 Date:

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Signature: /s/ Cynthia Grace Wilson Cynthia Grace Wilson

(Debtor)

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2012 to 06/30/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Tri-Cities Skin & Cancer PC

Year-to-Date Income:

Total Year-to-Date Income: \$11,950.64 from check dated 6/30/2012

Average Monthly Income: \$1,991.77.